

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee TOP OF LOUISIANA PO Box 1443 Shreveport, LA 71164 1443 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">4/4/2016</div>	Report Number: 58678 Date Filed: 4/5/2016									
	3. Estimated Membership <div style="text-align: center;">0</div>										
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>SCOTT MARTINEZ</td> <td>Chairperson</td> <td>PO Box 1443 Shreveport, LA 71164 1443</td> </tr> <tr> <td>ASHLEY BUSADA</td> <td>Treasurer</td> <td>PO Box 1443 Shreveport, LA 71164 1443</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	SCOTT MARTINEZ	Chairperson	PO Box 1443 Shreveport, LA 71164 1443	ASHLEY BUSADA	Treasurer	PO Box 1443 Shreveport, LA 71164 1443
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SCOTT MARTINEZ	Chairperson	PO Box 1443 Shreveport, LA 71164 1443									
ASHLEY BUSADA	Treasurer	PO Box 1443 Shreveport, LA 71164 1443									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report ASHLEY BUSADA b. Daytime Telephone (318)677-2508											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>5th</u> day of <u>April</u> , <u>2016</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>Scott Martinez</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> _____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Ashley Busada</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table>			<u>Scott Martinez</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>Ashley Busada</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone					
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

ORIGIN BANK

b. Address

308 Market Street
Shreveport, LA 71101